#### ERRATA

TO:

ALL COUNTY WELFARE DIRECTORS ALL COUNTY FISCAL OFFICERS ALL COUNTY AUDITOR CONTROLLERS

SUBJECT:

FEDERAL VOLUNTARY PLACEMENT PROGRAM: AID TO FAMILIES WITH DEPENDENT CHILDREN-FOSTER CARE

REFERENCE:

ALL COUNTY LETTER NO. 93-15, DATED FEBRUARY 26, 1993

The purpose of this Errata is to make a correction to the implementation instructions in the above referenced All County Letter.

On page 2, paragraph 2, sentences 4 and 5 should read: In addition, the court order which establishes the need for continued out-of-home placement after a voluntary placement must contain the contrary to welfare and reasonable efforts judicial determinations required by P.L. 96-272 Section 472 (b) and Welfare and Institutions Code Section 11401 (b). A child will lose eligibility to the federal AFDC-FC program if these judicial determinations do not appear on the court order establishing the need for continued out-of-home placement.

# DEPARTMENT OF SOCIAL SERVICES 744 P Street, Sacramento, CA 95814



February 26, 1993

REAS	ON FOR THIS TRANSMITTAL	
[X] []	State Law Change Federal Law or Regulation	
[ ]	Change Court Order or Settlement Agreement	
[ ]	Clarification Requested by One or More Counties	
[ ]	Initiated by SDSS	

ALL COUNTY LETTER NO. 93-15

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY FISCAL OFFICERS
ALL COUNTY AUDITOR CONTROLLERS

SUBJECT:

FEDERAL VOLUNTARY PLACEMENT PROGRAM AID TO FAMILIES

WITH DEPENDENT CHILDREN-FOSTER CARE

REFERENCE:

SENATE BILL 1125, MANUAL OF POLICIES AND PROCEDURES

(MPP) SECTION 45-202.4

The purpose of this letter is to clarify implementation of the federal voluntary placement program in the Aid to Families with Dependent Children-Foster Care (AFDC-FC) Program. Senate Bill (SB) 1125, (Chapter 1203, Statutes of 1991), required the State to amend its Title IV-E Plan in order to claim federal financial participation on behalf of an otherwise federally eligible child placed in foster care pursuant to a voluntary placement agreement.

As mandated by SB 1125, emergency regulations governing voluntary placements were developed and filed effective January 1, 1993. The regulation changes affected Manual of Policies and Procedures (MPP) Section 45-202.4.

#### AFDC-FC ELIGIBILITY

In order to claim federal financial participation on behalf of a child placed in foster care pursuant to a voluntary placement agreement, the child must meet all conditions of general and federal AFDC-FC eligibility pursuant to MPP Sections 45-201 and 45-202, respectively.

These requirements include the AFDC linkage requirement pursuant to MPP 45-202.3: "the child shall have been linked to the federal Aid to Families with Dependent Children - Family Group/Unemployed (AFDC-FG/U) Program during the month the petition was filed with the juvenile court, which led to the child's placement into foster care." This requirement has been expanded to include the month a child was removed pursuant to a voluntary placement agreement. Counties are expected to have placement workers verify AFDC-FG/U linkage at the time the voluntary placement agreement is signed by the parent and the placement worker.

Public Law (P.L.) 96-272 limits AFDC-FC payments made to an otherwise eligible child placed in foster care pursuant to a voluntary placement agreement to 180 days. In order to maintain federal eligibility for a child placed in foster care pursuant to a voluntary placement agreement who will require placement beyond 180 days, court dependency action must occur prior to the 180th day of voluntary placement. For example, if a child is placed on January 1, 1993 and is unable to return home within 180 days, dependency action must occur prior to June 27, 1993. In addition, the court order which establishes dependency after a voluntary placement must contain the contrary to welfare and reasonable efforts judicial determinations required by P.L. 96-272 Section 472 (b) and Welfare and Institutions Code Section 11401 (b). A child will lose eligibility to the federal AFDC-FC program if these judicial determinations do not appear on the court order establishing dependency. The county must also maintain continuing placement and care responsibility pursuant to MPP Section 45-202.6.

At the present time, the FC 3, Determination of Federal AFDC-FC Eligibility Form, does not include removal from the home pursuant to a voluntary placement agreement. Until the FC 3 form is revised, please indicate under Section 2 that removal was the result of a voluntary placement agreement.

## FOSTER CARE INFORMATION SYSTEM (FCIS)

Reporting of all children in out-of-home care receiving AFDC-FC payments and/or services to the FCIS is required by P.L. 96-272. The FCIS has been updated to include the federal voluntary placement cases under aid code 4C. Counties may begin reporting these cases immediately after implementation of the Federal Voluntary Placement Program.

#### FISCAL

As previously stated, reimbursement for a federally eligible child placed pursuant to a voluntary placement agreement is allowable for a period not to exceed 180 days. This time period begins on the day an agency, i.e., county welfare department or public or private adoption agency, assumes responsibility for a child under a voluntary placement agreement. Since federal and state participation is limited to 180 days, counties must implement internal controls at the local level to ensure that reimbursement is not claimed for cases beyond the 180 day limitation. Cases aided beyond the 180th day are 100 percent county costs.

Federal reporting requirements warrant separate tracking of cases claimed for federal financial participation pursuant to a voluntary placement agreement. Cases which are eligible for the federal voluntary placement program will be identified with the aid code 4C. County Fiscal Letter 92/93-8, dated August 10, 1992 provided information on this aid code. Claiming requirements for the 42 aid code or federal AFDC-FC program, such as placement in an eligible facility and verification of group home and foster family agency rates, will apply to the 4C aid code or federal voluntary placement program. As before, social worker services and other unallowable costs must not be claimed for federal reimbursement.

In addition, a new claim form has been designed to capture the cost for this program. Attached is a reproducible copy of form CA 800 (FED-VOLUNTARY FC) which should be submitted on a monthly basis with all other assistance claiming to:

California Department of Social Services
Accounting Systems Bureau
744 P Street, Mail Station 13-72
Sacramento, CA 95814
Attention: Judy Lindstrom

For children placed in foster care pursuant to a voluntary placement agreement prior to January 1, 1993, the county may do an intraprogram status change effective January 1, 1993 to the federal voluntary placement program if the child was otherwise federally eligible in the month the child was placed in foster care pursuant to a voluntary placement agreement. In such cases, the 180 day time clock begins on the date the child was placed in foster care pursuant to a voluntary placement agreement, not January 1, 1993.

#### INTERIM MEDI-CAL PROCEDURES

Aid Code 4C has not yet been implemented on the Medi-Cal Eligibility Data System (MEDS). If a child who is federally eligible and placed in foster care pursuant to a voluntary placement agreement should require medical services, the county shall issue an immediate need Medi-Cal card under aid code 4O for each month there is a need for a medical service. Once Aid Code 4C is implemented on MEDS, the California Department of Health Services will issue further MEDS instructions.

We hope that this letter will assist in the implementation of the federal AFDC-FC voluntary placement program. If you should have any questions regarding foster care eligibility contact the Foster Care Policy Bureau at (916) 445-0813. Questions regarding FCIS reporting should be directed to the Statistical Services Bureau at (916) 323-6061 or 323-6144. Questions regarding fiscal claims should be directed to the Fiscal Policy and Procedures Bureau at (916) 657-3440. Any questions regarding Medi-Cal Policy should be directed to the California Department of Health Services, Medi-Cal Eligibility Branch at (916) 657-1451.

JAMES W. BROWN

Acting Deputy Director

Children and Family Services
Department of Social Services

FRANK S. MARTUCCI, Chief Medi-Cal Eligibility Branch

Department of Health Services

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Deputy Director

Administration Division

Department of Social Services

Attachment

cc: CWDA

# SUMMARY REPORT OF ASSISTANCE EXPENDITURES FEDERAL CHILDREN IN

### **VOLUNTARY FOSTER CARE**

(Instructions on Reverse Side of Form)

For State Use DSS	☐ County Welfare ☐ County Auditor
COUNTY	DATE (MONTH, YEAR)
CLAIM CONTACT PERSON	TELEPHONE
	( )

							(	)	
A PERSONS	S COUNT	B. AMOUNTS				SOURCE DOCUME	NTS		
			1.	Main Payroll					
			2.	Current Month Suppl	emental Pay	<i>y</i> roll			
	) (		<b>)</b> 3.	Current Month Cance	ellation Cont	ra Roll			
			5.	Prior Months Suppler	mental Payr	ila			
			6. Subtotal (reconciliation totals)						
	) (	(	) 7.	Prior Months Cancell	ation Contra	ı Roli			
( )( )			<u>)</u> 8.	8. Recoveries of Aid					
			9.	Schedule of Adjustme	ent (show m	inus items in parenthe	ses)		
			10.	Subtotals (Lines 7, 8,	9)				
			11.	DSS Office Audit Cor	rection (for	state use only)			
			12.	TOTAL					
		13. Amount not Reir from Federal Fu		ble C FEDERA (Line 12B m Line 13A)	ninus	STATE (Line 12B minus Line 14C) x .40	E COUNTY (Line 12B minus I Minus Line 1	Line 14C	
								14.	
GRAND TOTALS (Line 120)							15.		
		(Line 12	в)	(Line 14	C)	(Line 14D)	(Line 14E)		
	No all the second of the secon							16.	
FUNERAL (11-40								17.	
(FOR COUNTY	PERS, CTS.							19.	
USE)								20.	

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the administration of Aid to Families with Dependent Children in and for aforesaid county; that I have not violated any of the provisions of Section 1090 to 1096, inclusive, of the Government Code; that the aid payments, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I HEREBY CERTIFY, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for Aid to Families with Dependent Children made by the county; that said amounts correctly reflect Federal, State and County Shares in the issued according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY AUDITOR OR CONTROLLER	DATE
	<u> La companya da managana da m</u>
~	SIGNATURE OF COUNTY AUDITOR OR CONTROLLER

### **INSTRUCTIONS FOR USE OF FORM CA 800 (FED-VOLUNTARY FC)**

- 1. Enter county name and month and year of claim in space provided.
- Complete Lines 1 through 5 and 7 through 9 in accordance with the amounts shown on the integrated payroll summary (for nonintegrated payrolls enter grand totals shown for each payroll or contra roll). All money amounts on this Form may be rounded to the nearer dollar.
- 3. Enter the subtotals in Lines 6 and 10 and the totals in Line 12.
- Line 13A Enter the net amount not reimbursable from federal funds.
   (Example: Social worker services, interest on original acquisition mortgages and costs incurred for leasebacks in accordance with the AFDC-Foster Care Group Home Rate Listing).
- Line 14C Enter the federal share; total aid paid (12B) minus the amount not reimbursable from federal funds (13A) multiplied by 50
  percent
- 6 Line 14D Enter the state share: total aid paid (12B) minus federal share (14C) multiplied by 40-percent.
- 7. Line 14E Enter the county share: total aid paid (12B) minus federal share (14C) (minus state share (14D)).
- Line 15 Enter grand totals.
- 9. Lines16 and 17 Reserved for state use.
- 10. Line 18 To be used for claiming of reimbursement for funeral costs for foster care children in accordance with MPP Handbook Section 11-405.2 (see also MPP Handbook Section 25-753).
- 11. Lines19 and 20 Included at county request and use is optional. If adjustment are reported in Line 9 which affect total aid paid, this space may be used for reconciling total expenditures as reported by the welfare department with the county auditor's records of expenditures.